2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N34622

1. Entity Name

MACEDONIA PRIMITIVE BAPTIST CHURCH, INC.



FILED Mar 01, 2006 8:00 am Secretary of State 03-01-2006 90021 024 ****70.00

	·		No.	
Principal Place of Business Mailing Address				
1240 NORTH OHIO AVENUE LAKELAND FL 33805		P.O. BOX 24240		
EARLEAND	11 E 33000	LAKELAND FL 33802		
2. Principal Place of Business		3. Mailing Address		T TOO WAN AND WIN DIGHT BILLY AREA WAT BIRLY
		- Thanking Floor		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)
City & State		City & State		4. FEI Number Applied For
Zip Country		Zíp	Country	
2.15	Country	219	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name O				7. Name and Address of New Registered Agent
l FV	VI\$, EDWARD) (uathan McCray_
254	0 BLAIR CIRCLE		Street Addr	dress (P.O. Box Number is Not Acceptable)
EAI	ON PARK FL 33840		25	15 Blair Circle
City Eaton Park				aton Park FL 33840
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE (1) VITTI - MC. CC V			2/14/06	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Re Make Check Payable to				
FILE NOW: FEE: IS: \$61.25 9. Election Campaign Financing Due By May 1, 2006 7 rust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State				
10. OFFICERS AND DIRECTORS _ 11.				
TITLE	PD .	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	LEWIS, EDWARD	·	NAME	PD Change PAddition Holmes, Henry 803 Providence Reserve 2007#103 Lakeland FL 33805
STREET ADDRESS CITY-ST-ZIP	2540 BLAIR CIRCLE EATON PARK FL 33840		STREET ADDRESS &	Lakeland Fl 33805
THE	D	☐ Delets	TITLE	☐ Change ☐ Addition
NAME	FIELDS, SANDRA W		NAME	
STREET ADDRESS CITY-ST-ZIP	1617 WEST LANE LAKELAND FL 33805		STREET ADDRESS CITY-ST-ZIP	
TITLE	PD	Delete	TITLE	Change Andilion
NAME CIRCL ADDRESS	WILLIAMS, PATRICIA A		NAME	
CITY-ST-ZIP	609 W MAGNOLIA STREET LAKELAND FL 33815		STREET ADDRESS CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JANIE B		NAME	
STREET ADDRESS CITY-ST-ZIP	5839 YARBOROUGH LANE LAKELAND FL 33813		STREET ADDRESS CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	MCCRAY, NATHAN 2515 BLAIR CIRCLE		NAME	
CITY-ST-ZIP	EATON PARK FL 33840		STREET ADDRESS CITY-ST-ZIP	
TITLE	SD	☐ Defete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	WILLIAMS, PATRICIA 1609 W. MAGNOLIA ST.		NAME STORET ADDRESS	•
STREET ADDRESS CITY+ST-ZIP	LAKELAND FL 33805		STREET ADDRESS CITY-ST-ZIP	
12 5	1			

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes: I'turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.